

Early Childhood Education Coordinator Checklist



Name: _____

Program: _____

Date of Initial Employment: _____

Credentials

- ☐ A RI Department of Elementary and Secondary Education teaching certificate in:

Early Childhood Education **OR** Early Childhood Special Education

Please attach a copy of your current Rhode Island Teaching Certificate to this form.

- ☐ A minimum of 2 years classroom teaching experience.

Program	Dates	Contact Person and Number

- ☐ A 3-credit college course or a minimum of 40 documented hours of professional development over the course of 2 years in mentoring, supervision and leadership. Please attach a copy of your transcript or certificate(s) documenting this work **OR** submit a professional development plan for achieving this goal within two years. *
- ☐ A Level III RI Early Learning Standards certificate. Please attach a copy of your transcript or certificate documenting this work **OR** submit a professional development plan for achieving this goal within two years. *

** If this requirement is not met, individuals must develop an individualized plan for meeting the requirement and submit it to the RI Department of Elementary and Secondary Education as part of the early childhood education program's application for approval using the Staff Professional Development Plan document. Documentation of ongoing progress or completion of this plan shall be submitted to the RI Department of Elementary and Secondary Education as part of the early childhood education program's annual renewal application.*

Teacher Checklist

(Submit one for each teacher applying under Option A.)

Name: _____

Program: _____

Date of Initial Employment: _____



Credentials: Option A

- ☐ RI Department of Elementary and Secondary Education teaching certificate in:

Early Childhood Education **OR** Early Childhood Special Education

Please attach a copy of your current Rhode Island Teaching Certificate to this form.

- ☐ A Level II RI Early Learning Standards certificate. Please attach a copy of your transcript or certificate documenting this work. Please attach a copy of your transcript or certificate documenting this work **OR** submit a professional development plan for achieving this goal within two years.

*Teachers employed in School Districts **must** meet the requirements in Option A.*

Teachers employed in Community Programs or Agencies may meet the requirements in either Option A or Option B.

Teacher Checklist

(Submit one for each teacher applying under Option B)



Name: _____

Program: _____

Date of Initial Employment: _____

Credentials: Option B

- ☐ Bachelor's or Master's in Early Childhood Education or Early Childhood Special Education or Human Development or Child Development from an accredited **OR** approved Institution of Higher Education. Please attach a copy of your resume or degree to this form.
- ☐ A minimum of 3 months of successful supervised teaching in a licensed/ approved education program for the appropriate age level.

Program	Dates	Contact Person and Number

- ☐ An individualized plan for completing requirements to be a professionally prepared early childhood teacher in each classroom as defined in Option A **within 1 year** and documentation of progress toward plan completion that is submitted annually to the RI Department of Elementary and Secondary Education as part of the early childhood education program's annual approval renewal.
- ☐ A Level II RI Early Learning Standards certificate. Please attach a copy of your transcript or certificate documenting this work. Please attach a copy of your transcript or certificate documenting this work **OR** submit a professional development plan for achieving this goal within two years.

*Teachers employed in School Districts **must** meet the requirements in Option A.*

Teachers employed in Community Programs or Agencies may meet the requirements in either Option A or Option B.

Teacher Assistant Checklist

(Submit one for each teacher assistant applying under Option A)



Name: _____

Program: _____

Date of Initial Employment: _____

Option A

- ☐ Meet teacher assistant qualifications as established in RI law (RIGL 16-11.2) for teacher assistants employed by school districts. Please attach a copy of the program certificate **OR** college transcript.
- ☐ A Level I or II RI Early Learning Standards certificate **OR** have an individual professional development plan for achieving not to exceed 2 years from the date of employment. Please attach a copy of your certificate, college transcript or professional development plan to achieve this standard.

*Teacher Assistants employed in School Districts **must** meet the requirements in Option A.*

Teacher Assistants employed in Community Programs or Agencies may meet the requirements in either Option A or Option B.

Teacher Assistant Checklist

(Submit one for each teacher assistant applying under Option B)



Name: _____

Program: _____

Date of Initial Employment: _____

Option B

- ☐ Be at least 18 years of age.
- ☐ Have a high school diploma **OR** general equivalency. Please attach a copy.
- ☐ Have documentation of the following either at the time of employment or have an individual professional development plan not to exceed two years from the date of employment for achieving:
 - a. A Child Development Associate (CDA) Credential or enrollment, active participation and demonstration of progress in a program leading to a CDA as reported in the RI Department of Elementary and Secondary Education as part of the early childhood education program's annual approval renewal over a period not to exceed 2 years **OR**
 - b. Successful completion of a Teacher Assistant Training Program approved by the RI Department of Elementary and Secondary Education **OR**
 - c. A minimum of 12 credit hours of college coursework relevant to the early childhood education program setting.Please attach relevant documentation or a professional development plan for meeting this standard.
- ☐ A Level I or II RI Early Learning Standards certificate **OR** have an individual professional development plan for achieving not to exceed 2 years from the date of employment. Please attach a copy of your certificate, college transcript or professional development plan to achieve this standard.

*Teacher Assistants employed in School Districts **must** meet the requirements in Option A.*

Teacher Assistants employed in Community Programs or Agencies may meet the requirements in either Option A or Option B.

Staff Professional Development Plan

(Submit one for each Early Childhood Coordinator, Teacher and Teacher Assistant, as necessary.)



Name: _____

Title: _____ Program: _____

GOAL		
Strategies	Time Frame	Progress Notes

GOAL		
Strategies	Time Frame	Progress Notes

GOAL		
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